HAVENWOOD NURSING & REHABILITATION LLC

3333 WEST HIGHLAND BOULEVARD

MILWAUKEE 53208 Phone: (414) 344-8100 Ownership: Limited Liability Company Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 310 Yes Number of Residents on 12/31/02: Average Daily Census: 247

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	ଚ							
Home Health Care No P		Primary Diagnosis	%	 Age Groups	%	Less Than 1 Year	34.0			
Supp. Home Care-Personal Care	No					1 - 4 Years	49.4			
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	21.2	More Than 4 Years	16.6			
Day Services	No	Mental Illness (Org./Psy)	15.8	65 - 74	16.2					
Respite Care	No	Mental Illness (Other)	11.6	75 - 84	27.0	1	100.0			
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	28.6	*********	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.8	95 & Over	7.1	Full-Time Equivalent				
Congregate Meals No		Cancer			Nursing Staff per 100 Residents					
Home Delivered Meals	No	Fractures	5.0			(12/31/02)				
Other Meals	No	Cardiovascular	5.8	65 & Over	78.8					
Transportation	No	Cerebrovascular	8.7			RNs	2.3			
Referral Service	No	Diabetes	4.1	Sex	%	LPNs	10.1			
Other Services	No	Respiratory	6.2			Nursing Assistants,				
Provide Day Programming for		Other Medical Conditions	40.2	Male	31.1	Aides, & Orderlies	35.3			
Mentally Ill	Yes			Female	68.9	I				
Provide Day Programming for			100.0			I				
Developmentally Disabled Yes				1	100.0	I				
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Method of Reimbursement

		edicare			Medicaid		Other			Private Pay			Family Care				Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	11	6.6	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	11	4.6
Skilled Care	20	100.0	234	144	86.7	116	4	100.0	116	2	100.0	155	10	100.0	116	39	100.0	155	219	90.9
Intermediate				11	6.6	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	11	4.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	20	100.0		166	100.0		4	100.0		2	100.0		10	100.0		39	100.0		241	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of 12/	/31/02
Deaths During Reporting Period	1						
	1			Ş	% Needing		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	11.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	7.5	Bathing	0.0		51.0	49.0	241
Other Nursing Homes	5.2	Dressing	9.5		45.6	44.8	241
Acute Care Hospitals	44.9	Transferring	20.3		50.2	29.5	241
Psych. HospMR/DD Facilities	1.0	Toilet Use	17.0		47.7	35.3	241
Rehabilitation Hospitals	0.0		57.7		19.1	23.2	241
Other Locations	29.4	******	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	385	Continence		%	Special Trea	tments	8
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	5.8	Receiving	Respiratory Care	7.5
Private Home/No Home Health	1.5	Occ/Freq. Incontinen	it of Bladder	68.9	Receiving	Tracheostomy Care	1.7
Private Home/With Home Health	55.7	Occ/Freq. Incontinen	it of Bowel	66.8	Receiving	Suctioning	0.8
Other Nursing Homes	3.8				Receiving	Ostomy Care	1.7
Acute Care Hospitals	4.3	Mobility			Receiving	Tube Feeding	10.0
Psych. HospMR/DD Facilities	0.5	Physically Restraine	ed .	8.3	Receiving	Mechanically Altered Diets	41.5
Rehabilitation Hospitals	0.0						
Other Locations	4.3	Skin Care			Other Reside	nt Characteristics	
Deaths	29.9	With Pressure Sores		10.8	Have Advan	ce Directives	67.2
Total Number of Discharges		With Rashes		3.7	Medications		
(Including Deaths)	395				Receiving	Psychoactive Drugs	59.3

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Proprietary Facility Peer Group		2	00+	Ski	lled	Ali	1		
	Facility			Peer	Peer Group		Peer Group		lities		
	००	%	Ratio	ଚ	Ratio	엉	Ratio	ଚ	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	79.0	81.9	0.97	80.4	0.98	84.2	0.94	85.1	0.93		
Current Residents from In-County	86.3	83.1	1.04	83.5	1.03	85.3	1.01	76.6	1.13		
Admissions from In-County, Still Residing	18.2	18.8	0.97	25.1	0.72	21.0	0.87	20.3	0.90		
Admissions/Average Daily Census	155.9	182.0	0.86	101.8	1.53	153.9	1.01	133.4	1.17		
Discharges/Average Daily Census	159.9	180.8	0.88	107.7	1.49	156.0	1.03	135.3	1.18		
Discharges To Private Residence/Average Daily Census	91.5	69.3	1.32	34.2	2.67	56.3	1.62	56.6	1.62		
Residents Receiving Skilled Care	95.4	93.0	1.03	89.6	1.07	91.6	1.04	86.3	1.11		
Residents Aged 65 and Older	78.8	87.1	0.90	90.9	0.87	91.5	0.86	87.7	0.90		
Title 19 (Medicaid) Funded Residents	68.9	66.2	1.04	68.5	1.01	60.8	1.13	67.5	1.02		
Private Pay Funded Residents	0.8	13.9	0.06	18.7	0.04	23.4	0.04	21.0	0.04		
Developmentally Disabled Residents	0.0	1.0	0.00	0.7	0.00	0.8	0.00	7.1	0.00		
Mentally Ill Residents	27.4	30.2	0.91	38.5	0.71	32.8	0.84	33.3	0.82		
General Medical Service Residents	40.2	23.4	1.72	16.9	2.38	23.3	1.73	20.5	1.96		
Impaired ADL (Mean)	57.8	51.7	1.12	52.1	1.11	51.0	1.13	49.3	1.17		
Psychological Problems	59.3	52.9	1.12	54.1	1.10	53.9	1.10	54.0	1.10		
Nursing Care Required (Mean)	9.7	7.2	1.35	7.7	1.25	7.2	1.35	7.2	1.35		